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Bib Data Sheet

CONFIRMATION NO. 2947

SERIAL NUMBER 09/733,775	FILING OR 371(c) DATE 12/08/2000 RULE	CLASS 606	GROUP ART UNIT 3743	ATTORNEY DOCKET NO.
APPLICANTS Hans A. Mische, St. Cloud, MN;				
** CONTINUING DATA ***** This appln claims benefit of 60/169,778 12/09/1999 and claims benefit of 60/181,651 02/10/2000 and claims benefit of 60/191,664 03/23/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 24
Verified and Acknowledged		Examiner's Signature	Initials	INDEPENDENT CLAIMS 4
ADDRESS 28534				
TITLE Methods and devices for treatment of bone fractures				
FILING FEE RECEIVED 431	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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ADDRESS Hans Mische 32 Highbanks Place St. Cloud ,MN 56301					
TITLE Methods and devices for treatment of bone fractures					
FILING FEE RECEIVED 431	FEES: Authority has been given in Paper No. <u> </u> to charge/credit DEPOSIT ACCOUNT No. <u> </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <u> </u> <input type="checkbox"/> Credit		



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CONFIRMATION NO. 2947

SERIAL NUMBER 09/733,775	FILING DATE 12/08/2000 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.
APPLICANTS Hans A. Mische, St. Cloud, MN;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/169,778 12/09/1999 AND CLAIMS BENEFIT OF 60/181,651 02/10/2000 AND CLAIMS BENEFIT OF 60/191,664 03/23/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY MN	SHEETS DRAWING 13	TOTAL CLAIMS 24
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS HANS A. MISCHKE 2221 CHELMSFORD LANE ST. CLOUD ,MN 56301				
TITLE Methods and devices for treatment of bone fractures				
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